



PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of FEST

Group Art Unit: 2176

Serial No.: 09/829,152

Filed: April 9, 2001

For: Method for Selecting Multiple Hyperlinks

RESPONSE TO NOTICE TO FILE CORRECTED APPLICATION PAPERS

Honorable Commissioner of
Patents and Trademarks
Washington, D.C. 20231

Sir:

Pursuant to the Notice to File Corrected Application Papers, Applicant herewith submits
substitute drawings corrected as required in the Notice.

Dated: June 15, 2001


Michael C. Cesarano, Reg. No. 31,817
AKERMAN, SENTERFITT & EIDSON
Suntrust International Center, 28th Floor
1 S.E. 3rd Avenue
Miami, Florida 33131-1714
305-374-5600 Telephone
305-374-5095 Telefax



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/829,152	04/09/2001	Marcus Fest	112995

26058
MICHAEL C. CESARANO
SUNTRUST INTERNATIONAL CENTER, 28TH FLOOR
1 S.E. 3RD AVENUE
MIAMI, FL 33131-1714

CONFIRMATION NO. 8253
FORMALITIES LETTER



OC00000006113935

Date Mailed: 05/24/2001

NOTICE TO FILE CORRECTED APPLICATION PAPERS

Filing Date Granted

This application has been accorded an Application Number and Filing Date. The application, however, is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given **TWO MONTHS** from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

The required item(s) identified below must be timely submitted to avoid abandonment:

- Substitute drawings in compliance with 37 CFR 1.84 because:
 - drawing sheets do not have the appropriate margin(s) (see 37 CFR 1.84(g)). Each sheet must include a top margin of at least 2.5 cm. (1 inch), a left side margin of at least 2.5 cm. (1 inch), a right side margin of at least 1.5 cm. (5/8 inch), and a bottom margin of at least 1.0 cm. (3/8 inch);

*A copy of this notice **MUST** be returned with the reply.*

[Signature]
Customer Service Center
Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE



JUN 18 2001

Please type a plus sign (+) inside this box →

Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

NO300
3

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/829152
		Filing Date	April 9, 2001
		First Named Inventor	Fest
		Group Art Unit	2176
		Examiner Name	
Total Number of Pages in This Submission	6	Attorney Docket Number	114231

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
Remarks		
Return postcard		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Michael C. Cesarano
Signature	<i>Michael C. Cesarano</i>
Date	June 15, 2001

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text" value="June 15, 2001"/>	
Typed or printed name	Michael C. Cesarano
Signature	<i>Michael C. Cesarano</i>
Date	June 15, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.